

# APPLICATION FOR EVENT BUSINESS LICENSE

City of Grantsville  
Tooele County, State of Utah  
To the City Recorder

*Office  
use only*

Event  
Business  
License  
#\_\_\_\_\_

Name of Applicant \_\_\_\_\_ DOB \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone # \_\_\_\_\_ Business Phone # \_\_\_\_\_

Legal Name of Business: \_\_\_\_\_

Point of Contact (If different than applicant): \_\_\_\_\_

EMAIL: \_\_\_\_\_

Business Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Event Address: \_\_\_\_\_

Name of Event and Dates: \_\_\_\_\_

Sales Tax # \_\_\_\_\_

Detailed Description of Business: \_\_\_\_\_

## Applicant's Agreement:

I, the undersigned, understand and agree to comply with all applicable codes and regulations of the Grantsville City Code and Ordinances. I understand that I shall not begin business at this location without first obtaining a business license, which includes conforming to City Zoning Regulations, as well as all County Health Department Permits and Safety Codes, including those related to building and fire safety.  
I declare under the penalty of perjury that the information contained on this business license application is true and complete.

\_\_\_\_\_  
Signature of Applicant

Date \_\_\_\_\_

**Fee: \$25.00**